



Summer Golf Membership 2018
Riverwood Golf Club
Membership Application
Valid May 1st through October 31st 2018

Applicant's Name: _____ Date: _____

Address: _____ State/Zip: _____

E-Mail: _____

Phone: _____ Cell Phone: _____

Spouse's Name: _____ Cell Phone: _____

Spouse's Email: _____

Please check the box below to indicate which Membership type you are applying for:

FAMILY GOLF MEMBERSHIP **\$ 600.00**
 Family includes spouse or significant other
 and children under the age of 23 living at home

SINGLE GOLF MEMBERSHIP **\$ 400.00**

Bag Storage	(\$50 per bag)	\$ _____
	Membership Total	\$ _____
	Plus 7% Sales Tax	\$ _____
	Total with Tax	\$ _____

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| <p align="center">MEMBER BENEFITS</p> <ul style="list-style-type: none"> • 7 Day Advance Tee Times • Reduced Guest Fees • Reciprocal Privileges • Member Cart Fee \$22.00 • Welcome to participate in all Social & Golf Events. • Full Use of the Learning Center & Practice Facility |
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Signature _____ Date _____

Credit card type: _____ Credit Card Number: _____ Exp: ____ / ____

I agree to abide and comply with the Rules & Regulations of Riverwood Golf Club. All dues, fees and charges are subject to change without notice; memberships are non-refundable and may be revoked for failure to comply with Club Rules and Regulations. This application shall not be binding until the membership has been approved. We do not send information via U.S. Postal Service.

Approved: _____ Date: _____

Membership # _____